## GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2005

H HOUSE BILL 727\*

Short Title: HIPAA Compliance and Fairness.-AB (Public)

Sponsors: Representatives Holliman, Wright (Primary Sponsors); Coleman and Wainwright.

Referred to: Insurance.

## March 17, 2005

A BILL TO BE ENTITLED 1 2 AN ACT TO BRING NORTH CAROLINA LAW INTO COMPLIANCE WITH THE 3 FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 4 ACT REGARDING THE TYPE OF COVERAGE THAT CONSTITUTES 5 TO PROVIDE CREDITABLE COVERAGE; SPECIAL **ENROLLMENT** PERIODS WITHOUT PENALTY FOR PERSONS ENROLLED UNDER A 6 7 GROUP PLAN WHOSE COVERAGE IS TERMINATED WHEN AN INSURER 8 DISCONTINUES WRITING A CERTAIN TYPE OF GROUP HEALTH 9 INSURANCE COVERAGE THROUGHOUT THAT ENTIRE SMALL OR 10 LARGE GROUP MARKET; AND TO PROVIDE CONTINUED GUARANTEED 11 ISSUE RIGHTS TO A PERSON WHO IS HIPAA ELIGIBLE, WHO IS INSURED 12 IN THE INDIVIDUAL MARKET, AND WHOSE INSURER DISCONTINUES 13 WRITING A CERTAIN TYPE OF HEALTH INSURANCE COVERAGE THROUGHOUT THE ENTIRE INDIVIDUAL MARKET. 14

The General Assembly of North Carolina enacts:

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## **SECTION 1.** G.S. 58-68-30(c)(1) reads as rewritten:

- "(c) Rules Relating to Crediting Previous Coverage.
  - (1) Creditable coverage defined. For the purposes of this Article, "creditable coverage" means, with respect to an individual, coverage of the individual under any of the following:
    - a. A self-funded employer group health plan under the Employee Retirement Income Security Act of 1974.
    - b. Group or individual health insurance coverage.
    - c. Part A or part B of title XVIII of the Social Security Act.
    - d. Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928.
    - e. Chapter 55 of title 10, United States Code.

1		f.	A medical care program of the Indian Health Service or of a
2			tribal organization.
3		g.	A State health benefits risk pool.
4		h.	A health plan offered under chapter 89 of title 5, United States
5			Code.
6		i.	A public health plan (as defined in federal regulations).
7		j.	A health benefit plan under section 5(e) of the Peace Corps Act
8			(22 U.S.C. § 2504(e)).
9		k.	The Health Insurance Program for Children established in Part
10			8 of Chapter 108A of the General Statutes, or any successor
11			program.
12		"Cred	itable coverage" does not include coverage consisting solely of
13		cover	age of excepted benefits. However, short-term limited-duration
14		<u>health</u>	insurance coverage shall be considered creditable coverage for
15			ses of this section and G.S. 58-51-15(a)(2)b."
16			2. G.S. 58-68-30(f)(1) reads as rewritten:
17	"(f)		llment Periods. –
18	( )	*	duals losing other coverage A group health insurer shall
19			t an employee who is eligible, but not enrolled, for coverage
20		_	the terms of the plan (or a dependent of the employee if the
21			dent is eligible, but not enrolled, for coverage under the terms) to
22		_	for coverage under the terms of the plan if each of the following
23			tions is met:
24		a.	The employee or dependent was covered under an ERISA
25		a.	group health plan or had health insurance coverage at the time
26			coverage was previously offered to the employee or dependent.
27		b.	The employee stated in writing at the time that coverage under
28		υ.	the group health plan or health insurance coverage was the
29			reason for declining enrollment, but only if the health insurer
30			required the statement at the time and provided the employee
31			with notice of the requirement and the consequences of the
32			requirement at the time.
33		c.	The employee's or dependent's coverage described in
34			sub-subdivision a.: (i) was under a COBRA continuation
35			provision and the coverage under the provision was exhausted;
36			(ii) was not under that provision and either the coverage was
37			terminated because of loss of eligibility for the coverage,
38			including legal separation, divorce, death, termination of
39			employment, or reduction in the number of hours of
40			employment; or (iii) employer contributions toward the
41			coverage were terminated.terminated; or (iv) was terminated by
42			the health insurer pursuant to G.S. 58-68-45(c)(2).
43		d.	Under the terms of the plan, the employee requests the
44			enrollment not later than 30 days after the date of exhaustion of

1	coverage described in sub-subdivision c.(i) of this subdivision
2	or termination of coverage or employer contribution described
3	in sub-subdivision c.(ii) of this subdivision."
4	<b>SECTION 3.</b> G.S. 58-68-60 is amended by adding the following new
5	subsection to read:
6	"§ 58-68-60. Guaranteed availability of individual health insurance coverage to
7	certain individuals with prior group coverage.
8	•••
9	"(i) Rights of Replacement Coverage Upon Termination. – Subsection (a) of this
10	section shall apply to an eligible individual whose coverage issued pursuant to this
11	section is terminated by a health insurer pursuant to G.S. 58-68-65(c)(2) provided the
12	application for the replacement coverage is dated not more than 63 days following the
13	termination date."
14	<b>SECTION 4.</b> Sections 2 and 3 of this act become effective July 1, 2005, and
15	apply to policies or certificates issued or renewed on or after that date. The remainder of
16	this act is effective when it becomes law.